



ANNA
American Nephrology
Nurses Association

EXPENSE REIMBURSEMENT FORM

Instructions: Complete form on computer, print out, and attach receipts. A separate expense reimbursement form is required for each trip. Please note: All meeting expenses must be submitted within 30 days of a meeting.

Name _____ ANNA Role/Position _____

Mailing Address _____

City _____ State _____ Zip Code _____

Check will be payable to above unless you indicate another payee here: _____

If submitting for travel expenses, from where? _____ To where? _____

Purpose of trip (i.e. Nat'l Symp, regional travel, BOD meeting): _____

Travel Description and Expenses due for Reimbursement

DAY OF WEEK									TOTAL
DATE									
TRAVEL FROM									
TO									
TO									
No. miles driven	-	-	-	-	-	-	-	-	-
Mileage @ \$0.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Airfare or train									\$0.00
Add'l Baggage Chg									\$0.00
Bus/Taxi/Rideshare									\$0.00
Other transportation									\$0.00
Parking									\$0.00
Tolls									\$0.00
Per Diem									\$0.00
Hotel Room/Lodging									\$0.00
Tips/Gratuities									\$0.00
Miscellaneous									\$0.00
									\$0.00
									\$0.00
SUBTOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Other Expenses due for Reimbursement

	Budget Code	Description	AMOUNT
Telephone	-452		\$0.00
Entertainment	-457		\$0.00
Miscellaneous	-457		\$0.00
Printing/Copying	-459		\$0.00
Supplies	-461		\$0.00
Gifts	-592		\$0.00
			\$0.00
			\$0.00
			\$0.00
SUBTOTAL			\$0.00

TOTAL OF EXPENSE FORM

\$0.00

Signature* _____ Date: _____

Authorized by** _____ Amount Approved _____ Date: _____

For Office Use Only

Budget Code _____ Checked by: _____ Date: _____

* By entering your name in the signature line, you are agreeing that all expenses and statements on this form are true and accurate.

** See submission guidelines for approval process - may include BOD Liaison, Committee chair, etc.

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